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Application Number	TBA
Filing Date	Herewith
First Named Inventor	Resor, Charles
Title	Electronic Learning Aid for Teach
Group Art Unit	ТВА
Examiner Name	ТВА
Attorney Docket Number	43079/31062

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Country	USA					
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Applicant/Invento	or.			·		
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	rd of the entire interest. See 37 CF 37 CFR 3.73(b) is enclosed. (For		•			
	SIGNATURE of Applicant or	Assignee of	Record			
Name Charle	es Resor					
Signature	Je 16800					
Date Febru	ary 22, 2002					
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PATENT APPLI	CATION		COMPLETE IF KNOWN		
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Submitted OR with Initial	Declaration	Filing Date			
	Submitted after Initial Filing (surcharge	Group Art Unit			
	(37 ČFR 1.16(e))	Examiner Name			
	required)	Contained (Valley			
As a below named inventor, I	hereby declare that:				
My residence, mailing address,	and citizenship are as sta	ted below next to my na	ame. 	ent fort and labeling	antor (if plural
I believe I am the original, first names are listed below) of the	and sole inventor (if only o	ne name is listed below imed and for which a p	r) or an ori atent is so	ginal, tirst and joint in ught on the invention	entitled:
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the specification of which					
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OR					
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Application Number	and was	amended on (MM/DD/	m		(if applicable).
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DECLARATION — Utility or Design Patent Application OR Correspondence address below **Customer Number** 021888 Direct all correspondence to: 🛛 or Bar Code Label Gregory E. Upchurch Name Thompson Coburn LLP, One Firstar Plaza, Suite 3500 Address ZIP 63101 MO State St Louis City 314-552-7580 314-552-6580 Fox Telephone USA Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unaigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Given Name Resor or Sumame Charles P. (first and middle [If any]) Inventor's Signature USA State WY Country USA Citizenship Wilson Residence: City P.O. Box 667; 2660 Yellowbell Circle Mailing Address USA Country State WY ZIP 83014 City Wilson A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name or Surname (first and middle [if any]) Inventor's Date Signature Citizenship State Country Residence: City Mailing Address Country Lubbock City supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. Additional inventors are being named on the